FEC

Only

STATEMENT OF

PAGE 1 / 12 ·

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. VETTE4CONGRESS 1111 10th St ADDRESS (number and street) # 404 (Check if address is changed) Alamogordo 88310-6413 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pgpearce53@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00655571 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Galassini, Rocky, , , Type or Print Name of Treasurer Galassini, Rocky, , , [Electronically Filed] 03 17 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	C For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name of Candida		Herrell, Stella Yvette, , ,	
Candida Party A		on REP Office Sought: * House Senate President	State NM District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Com	nmittee: (National, State	Democratic,
(d)		· · · · ·	Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	- -und	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
;	3.		
	1		

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		. 9
YVETTE4CONO		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Herrell for NM-02		
	PO Box 30844	
Mailing Address		
	Bethesda MD 20824-0844	•
	CITY STATE ZI	P CODE
Relationship: Connected	Organization Affiliated Committee	ership PAC Sponsor
7. Custodian of Records: Identity books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
Pearce, Ph	ilip, , ,	ı
Full Name	1111 10th St	
Mailing Address	Ste 404	
	Alamogordo , NM , 88310-641:	3
	, maniegrice	
Title or Position	CITY STATE ZI	P CODE
Custodian of Records		1 0405
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name Galassini, F	Rocky, , ,	
Mailing Address	PO Box 646	
	La Luz NM 88337-0646	S
Title or Position	CITY STATE ZII	P CODE
Treasurer		0 8220

	m 1 (Revised 02/2009)	
Full Name of		
Designated Agent		
Mailing Address		<u> </u>
		. 1_1
	CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. First American Bank	
Name of Bank, I	oxes or maintains funds. Depository, etc. First American Bank 1300 N White Sands Blvd	
-	oxes or maintains funds. Depository, etc. First American Bank 1300 N White Sands Blvd	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd Alamogordo NM 88310	ZIP CODE
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Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd Alamogordo CITY STATE Z Depository, etc.	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd Alamogordo CITY STATE Z Truist	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd NM 88310 Alamogordo NM 88310 CITY STATE Z	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd 1445 New York Ave NW 1445 New York Ave NW	
Name of Bank, I	Depository, etc. First American Bank 1300 N White Sands Blvd NM 88310 Alamogordo NM 88310 CITY STATE Z	

FEC Form 1S (Revised 02/2017)

Page _5 **of** _12__

E(a)	or(h). Joint Fundraisin	g Portioinant	
J(g)			FEC ID number
	1.		FEC ID number C
	2.		FEC ID number
	3.		FEC ID number C
	4.		red ib number
6.	Name of Any Connected Take Back The Ho		raising Representative, or Leadership PAC Sponsor
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824-0844
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representative Leadership PAC Sponsor
8.		by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		1	elephone Number
9.	safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
		Alamogordo	NM 88310
		Alamogordo CITY	NM 88310 -

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraisir	g rantopanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Freedomworks Vi			
Mailing Address	111 K St NE		
maining / daroos	Ste 600		
	Washington	DC	20002-8236
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
Connecter connec		Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the property of the position and the property of the position and the property of the position and the property of the property	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** ______

n). Joint Fundraisin					
1.				FEC ID number	С
2.				FEC ID number	C
3.				FEC ID number	C
4.				FEC ID number	С
ame of Any Connected	Organization, Affilia	ited Committee, Jo	oint Fundrai	sing Representativ	ve, or Leadership PAC Spe
2022 Phase 1 Pat	riot Day JFC				
Mailing Address	228 S Washington	St			
	Ste 115				
	Alexandria		1 1 1 1	, VA	22314-5404
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	Organization	Affiliated Committee	X Joint F	undraising Represen	tative Leadership PAC
esignated Agent: Identify	_			undraising Represen	tative Leadership PAC
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ______

h). Joint Fundraisi	.g		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Freedomworks V	ictory 2022		
Mailing Address	PO Box 26141		
	Alexandria	VA VA	22313-6141
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
	Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6

Page ____ **of** ______

h). Joint Fundraisir	ng Participant:						
1.				FE	C ID number	С	
2.				FE	C ID number	С	
3.				FE	C ID number	С	
4.				FE	C ID number	С	
ame of Any Connected	Organization,	Affiliated Comr	nittee, Joint F	undraising	Representativ	e, or Lead	dership PAC Spo
Mailing Address							
Relationship:		CITY	A		STATE A		ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi			Leadership F/Ae op
esignated Agent: Identi			
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FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

5(g) or (h).	Joint Fundraising	Participant:						
1				FE	EC ID number	С		
2. 🗔				FE	EC ID number	С		
3.				FE	C ID number	С		
4.				 _	C ID number	С		
6. Name of	Any Connected C	Organization, Affiliate	ed Committee, Joir	t Fundraising	Representative	e, or Leaders	hip PAC Sponso	or
								Ш
				1				Ш
		I						
Maii	ing Address							Ш,
								Ш
Dolo	ationship:		OITV 4					
neid	monsnip.		CITY A	_	STATE ▲		ZIP CODE ▲	
	Connected	Organization Affi	liated Committee	Joint Fundr	aising Representa	ative Lea	adership PAC Spor	nsor
8. Designate Full N		by name, address (pl	none number – opti	onal)				, I
Mailin	g Address	1				1 1 1 1 1		
					1 1 . 1	1	. _	
			CITY A		STATE ▲	ZI	P CODE ▲	
TITLE	OR POSITION •		1			1.1	1 1	ı
				Telephoi	ne Number			
	osit boxes or main	es: List all banks or dains funds.	other depositories in	which the co	ommittee deposit	s funds, holds	accounts, rents	
Ma	iling Address	1909 K Street NW						
	-							
		Washington			DC	20003	. _	, I
ı			CITY A		STATE ▲	ZI	P CODE ▲	

FEC Form 1S (Revised 02/2017) for Lir

Page ____ **of** _____

h). Joint Fundraisin	r articipant.				
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	C
4.			FEC	ID number	C
ame of Any Connected	Organization, Affiliated	d Committee, Joint	Fundraising F	Representativ	e, or Leadership PAC Spo
Mailing Address					
	1		.	1	1
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	Organization Affili	ated Committee	Joint Fundrais	sing Represent	ative Leadership PAC S
				sing Representa	ative Leadership PAC S
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